



Top 10 PHI Facts to Know

1. MTFs must take reasonable steps to limit the disclosure of PHI to the minimum necessary to accomplish the intended purpose. Healthcare (HC) providers must balance notification of Commanders with operational risk.
2. HC providers **must not** limit communication to "sick call slips" alone.
3. HC providers **will not** communicate the **reason** for medical appointments, routine medical care, the clinical service seen nor specific details about Particular appointments (exception #5).
4. HC providers **will not** notify Commanders when a Soldier's medical condition does not affect the Soldier's fitness for duty/mission are not provided to the unit.
5. HC providers **will notify** Commanders when a Soldier obtains behavioral health care under the following circumstances: **Harm to Self, Harm to Others, Harm to Mission, Hospitalization, Substance Abuse Treatment or for personnel enrolled in the Personnel Reliability Program.**
6. HC providers **will notify** Commanders about change in duty status due to medical conditions: **Inpatient Care, Substance Abuse Treatment (ASAP), missed appointments.**
7. HC providers **will notify** Commanders about MEB/PEB related data.
8. HC providers **will notify** Commanders about **Acute Medical Conditions Interfering with Duty/Mission** and duty limiting conditions.
9. HC providers **will notify** Commanders the results of **Command Directed Mental Health Evaluations.**
10. Commanders should also share information with providers relating changes in Soldier behavior or other information that could impact a diagnosis or treatment: UCMJ, physical altercations, infidelity, financial challenges, Soldier feelings of inadequacy, or when the Soldier has a significant change in social contacts.

Commanders have a responsibility to protect a Soldier's health information. Release this information to others (i.e., subordinates, supervisors) ONLY on a need to know basis.